



CPE Group Healthcare Application Form

ID # _____

Position Applied for

Registered Nurse
 Enrolled Nurse
 Endorsed Enrolled Nurse
 Assistant in Nursing
 Personal Care Assistant
 Other (please specify): _____ Level: _____ Date qualified: ___/___/___
 Specialties: _____

Personal Details

Surname: _____ Given Names: _____
 Address: _____ Postcode: _____
 Telephone: Home: _____ Mobile: _____ DOB: ___/___/___
 Email: _____ Nationality: _____
 Are you an:
 Australian Citizen
 Permanent Resident
 Work Permit /Visa Holder
 Expiry date: ___/___/___
 Type of Visa: _____ Restrictions: _____
 Date to commence shifts: ___/___/___ No. shifts per week preferred: _____ Day to confirm availability weekly: _____
 Ideal Work locations: 1. _____ 2. _____ 3. _____
 Preferred facilities:
 Public
 Private
 Aged Care
 Disability
 Transport:
 Public
 Private Vehicle
 Emergency contact name: _____ Relationship: _____
 (Home): _____ (Work): _____ (Mobile): _____
 Proof of ID 100 point check: Primary Doc: _____ Secondary Doc: _____
 (Copy to be provided to CPE Group on application)

Education and Qualifications Original certificates are to be sighted by CPE and copies taken.

Institution: _____ Qualification Achieved: _____ Yr Completed : _____
 Institution: _____ Qualification Achieved: _____ Yr Completed : _____
 Nursing Board Registration No.: _____ State registered: _____ Expiry Date: ___/___/___
 Explain any restrictions on your registration: _____ Postgraduate Years of Experience: _____
 Cardio Pulmonary Resuscitation (CPR) Trained?:
 Yes
 No
 Date Completed: _____ Expiry: ___/___/___
 Manual Handling Trained?:
 Yes
 No
 Date Completed: _____ Expiry: ___/___/___
 Aggression Management Trained?:
 Yes
 No
 Date Completed: _____ Expiry: ___/___/___
 Drug Calculation Trained?:
 Yes
 No
 Date Completed: _____ Expiry: ___/___/___
 Fire and Emergency Procedures Trained?:
 Yes
 No
 Date Completed: _____ Expiry: ___/___/___
 Managing Aggressive Behaviour Trained?:
 Yes
 No
 Date Completed: _____ Expiry: ___/___/___
 Would you be willing to undertaken a Drug Calculation Test if requested?:
 Yes
 No

Employment History Begin with your most recent employment.

Current Resume Attached: Yes No

1. Employer: _____ Position: _____
 From: ___/___/___ To: ___/___/___ Reason for Leaving: _____
 2. Employer: _____ Position: _____
 From: ___/___/___ To: ___/___/___ Reason for Leaving: _____
 3. Employer: _____ Position: _____
 From: ___/___/___ To: ___/___/___ Reason for Leaving: _____

Employment History Cont'd

Provide details of 3 managers or supervisors to act as referees who have supervised you in your roles.

Name: _____ Position: _____ Telephone: _____

Name: _____ Position: _____ Telephone: _____

Name: _____ Position: _____ Telephone: _____

Medical

Are you currently vaccinated against: Hep A Hep B Varicella Diphtheria Tetanus Poliomyelitis
 Pertussis BCG TB Measles Mumps Rubella Chickenpox

Do you have evidence of your immunisation history: Yes No (Copy to be provided to CPE Group on application)

Are you aware of any physical or mental condition that may affect your ability to perform your duties? Yes No

If yes, please provide details: _____

Section 79 of the Workers' compensation and Rehabilitation Act 1991 gives the Workers' Compensation Conciliation & Review Directorate discretion to refuse to award compensation which would otherwise be payable where it is proved that the worker has, at the time of seeking orienteering employment, willfully represented him/herself as not having previously suffered from the disability, the subject of the claim for compensation. Have you read and understood this statement?: Yes No

Have you ever claimed workers' compensation?: Yes No If yes, please provide additional information:

Date and description of incident, treatment and outcome: _____

WA Applicants only: Have you been a patient or worked in a hospital outside WA in the past 12 months? Yes No
If yes, do you have a MRSA clearance?: Yes No

Criminal History

Have you ever been convicted of any offence in court? Yes No If yes, please provide additional information below:

Date and description of offence and conviction: _____

Do you have a WA Health National Criminal History Record Clearance?: Yes No (compulsory requirement attach copy)

Do you have a National Police Clearance?: Yes No

General

Have you previously worked with CPE Group?: Yes No Employed From: ___/___/___ To: ___/___/___

How did you hear about the CPE Group?: CPE Website Referral (specify name): _____

Newspaper or Magazine (specify name): _____ Other (specify): _____

Banking Details

Account Name: _____

Financial Institution: _____ Branch: _____

BSB No.: _____ Account No.: _____

(Must be 6 digits)

(9 digit maximum, numerical only)

***NB – Incorrect details may incur a fee and delayed payment

Declaration

I declare the above information to be true in all respects. I give permission to verify information provided and to contact referees listed. I agree not to use, or disclose to any third party, and keep in the strictest confidence all private and confidential information that I may gather in the course of my employment with CPE Group. I acknowledge that any statement I have made which is found to be false or deliberately misleading will make me liable for dismissal.

Applicant Name: _____ Signature: _____ Date: _____